

Intracranial Hypertension and Homoeopathy



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Intracranial Hypertension and Homoeopathy

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Definition

intracranial hypertension (IH) is a brain disorder characterized by increased pressure within the skull characterized by symptoms including headache worse on straining, visual obscurations or diplopia, papilledema and frequently the abducens palsy.

Causes

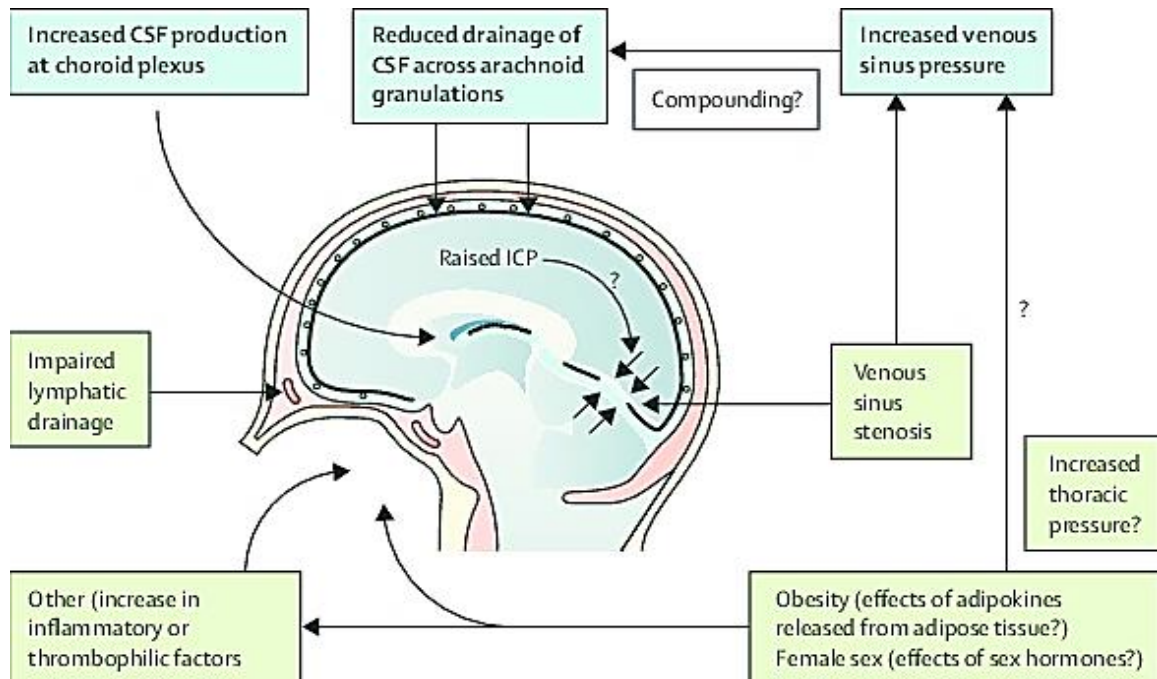
There are several causes behind intracranial hypertension. Based on causations, IH can be classified into various types. Main causes of IH in general are-

- Thrombosis of the transverse venous sinus as a noninfectious complication of otitis media or chronic mastoiditis (Psora/ Sycosis)
- Sagittal sinus thrombosis may lead to a clinically similar picture (Psora/ Sycosis)
- Chronic pulmonary disease (Psora/ Sycosis/ Syphilis)
- Systemic lupus erythematosus (Psora/ Syphilis)
- Uremia (Psora/ Sycosis/ Syphilis)
- Endocrine disturbances such as hypoparathyroidism, hypothyroidism, hyperthyroidism or Addison disease (Psora)
- Vitamin A toxicity (Causa occasionalis)
- Tetracycline or oral contraceptives (Causa occasionalis)
- Following withdrawal of corticosteroids after long-term use (Causa occasionalis)
- In most instances no specific cause can be found, and the disorder remits spontaneously after several months (Psora)

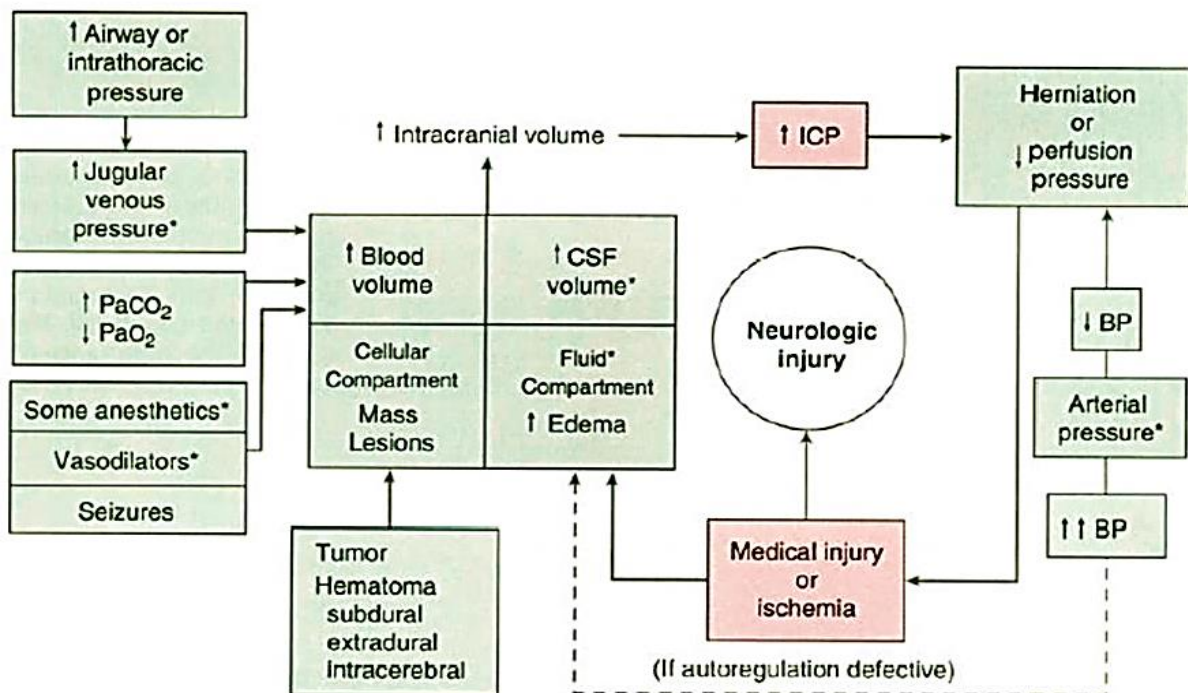
Pathophysiology

- Normal intracranial pressure (ICP) is the integration of pressures from the cerebral veins and cerebrospinal fluid.
- Once a mass such as a SOL or cerebral hemorrhage is added to the intracranial compartment several processes occur simultaneously, but at different rates, to accommodate the increased volume. (Psora/ Sycosis)

- Pressure first rises in the area around the mass because of the restrictions of the semi-closed skull and dural folds. (Causa occasionalis)
- The raised pressure is dispersed throughout the cranium, including the posterior fossa, and to the spinal axis. (Causa occasionalis)
- Generalized raised intracranial pressure itself causes few clinical changes except for headache, vomiting and papilledema, but tissue shifts at a distance from the mass produce the deliberate signs associated with raised ICP. (Psora/ Sycosis)



Pathophysiology Of Intracranial Hypertension:



- These signs and ICP are therefore parallel barometers of the way in which the intracranial contents compensate for a mass.
- This is fully verified by pseudotumor cerebri, in which there is no compartmentalization of pressures, no secondary compression of the upper midbrain, and therefore none of the signs associated with a mass in the cranium, and similarly by the absence of symptoms when intracranial pressure is experimentally elevated to 50 mmHg by infusion of saline into the spinal subarachnoid space. (Psora)

Types

Acute intracranial hypertension (AIH)

- Appears suddenly

Causes of acute IH-

- Severe head injury
- Stroke
- Brain abscess

Chronic intracranial hypertension (CIH)

- Slow onset
- Can be a persistent, long-lasting problem
- A rare and sometimes not clear why it happens

Causes of chronic IH-

- Blood vessel abnormalities like arteriovenous fistula or arteriovenous malformation
- Brain infection like meningitis or encephalitis
- Chiari malformation
- Chronic subdural hematoma
- Craniosynostosis
- Hydrocephalus
- Vasculitis
- Venous sinus thrombosis

Idiopathic or benign intracranial hypertension or pseudotumor cerebri

In many cases, the cause of chronic IH is unclear. It mainly affects women in their 20s and 30s.

Causes of idiopathic IH-

- Obesity
- Hormone disbalance like Cushing's syndrome, hypoparathyroidism, hypo or hyperthyroidism
- Certain medications like some antibiotics, steroids and contraceptive pills
- Iron deficiency anemia
- Polycythemia Vera
- Chronic kidney disease
- Lupus

Symptoms and Signs

Intracranial hypertension is easy to diagnose by presence of-

- A constant throbbing headache, worse in the morning, when coughing or straining better when standing up
- Visual obscurations, blurring or diplopia
- Temporary loss of vision which can be triggered by coughing, sneezing or bending down
- Examination reveals papilledema
- Abducens palsy is commonly present
- Pulse-synchronous tinnitus
- Examination reveals the papilledema and some enlargement of the blind spots while patients otherwise look well
- General feeling and being sick
- Drowsiness
- Irritability
- Sometimes permanent vision loss

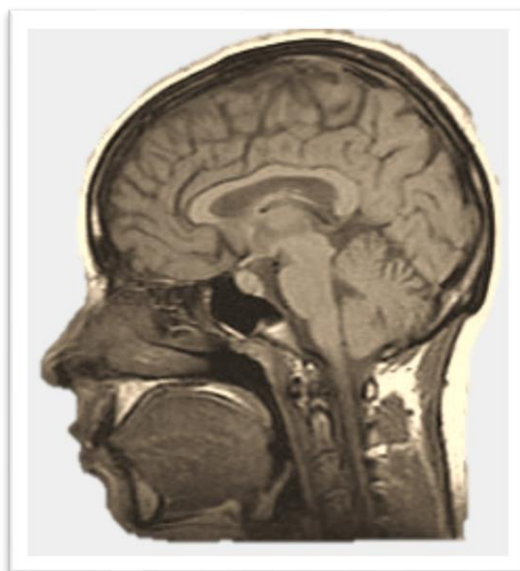
Diagnosis

Ophthalmological examinations

- Visual acuity and visual fields
- Funduscopy appearance
- Pressure of the cerebrospinal fluid

Imaging

- CT scan may show small or normal ventricles, SOL, hematoma, signs of inflammation etc.
- MR venography is helpful in screening for Chiari malformations, SOL, thrombosis of the intracranial venous sinuses etc.
- Chest X ray for chronic lung disease



Laboratory Findings

- Lumbar puncture confirms the presence of intracranial hypertension
- Laboratory studies help exclude some of the other causes mentioned earlier. Main tests are- CBC, ESR, KFT, LFT, CSF, CRP, TB Gold, PTH, TFT, ANA etc.

Prognosis

- Chronic IH can be life threatening if it remains undiagnosed and the underlying causes are not treated
- Idiopathic IH is not usually life threatening, but can be a lifelong problem
- Untreated intracranial hypertension sometimes leads to secondary optic atrophy and permanent visual loss
- There is also a risk of losing vision

Treatment

Treatment for IH depends on the underlying cause-

- Losing weight if overweight
- Stopping any medication that may be causing symptoms
- Medication to remove excess fluid from the body
- Medication to reduce the production of cerebrospinal fluid in brain
- Regular lumbar punctures to remove excess fluid from your spine and help reduce the pressure on brain

Surgery

Surgery may be considered if other treatments do not work. The main types of surgery for chronic IH are-

Shunt surgery

A thin, flexible tube is inserted into the fluid-filled space in skull or spine to divert excess fluid to another part of the body.

Optic nerve sheath fenestration

The optic nerve is opened up to relieve pressure on it and allow fluid to drain away.

These procedures can provide relief from symptoms, but they also carry a risk of potentially serious complications.

Homoeopathic treatment

Main remedies for Intracranial hypertension

CHELIDONIUM MAJUS

1. HEAD· PAIN· morning
2. HEAD· PAIN· pulsating pain
3. HEAD· PAIN · reading· agg.
4. HEAD· PAIN ·cough· during· agg.

5. VISION ·DIPLOPIA
6. VISION ·BLURRED
7. MIND· DULLNESS· headache, with
8. GENERALS- SICK FEELING; vague

CIMICIFUGA RACEMOSA

1. HEAD· PAIN· pulsating pain
2. HEAD· PAIN · reading· agg.
3. VISION ·DIPLOPIA
4. MIND· DULLNESS· headache, with
5. GENERALS- SICK FEELING; vague

CUPRUM METALLICUM

1. HEAD· PAIN· morning
2. HEAD· PAIN ·pulsating pain
3. HEAD· PAIN· cough· during· agg.
4. VISION ·DIPLOPIA
5. VISION· LOSS OF VISION· headache· during
6. MIND· DULLNESS· headache, with
7. GENERALS- SICK FEELING; vague

GELSEMIUM SEMPERVIRENS

1. HEAD· PAIN· pulsating pain
2. VISION ·DIPLOPIA
3. VISION· DIPLOPIA· headache· during
4. VISION- DIPLOPIA- headache- before
5. VISION ·BLURRED
6. VISION ·BLURRED· headache· before
7. VISION· LOSS OF VISION· headache· before
8. VISION· LOSS OF VISION· headache· during
9. MIND· DULLNESS· headache, with
10. GENERALS· SICK FEELING; vague

GLONOINE

1. HEAD· PAIN- morning
2. HEAD · PAIN- pulsating pain
3. HEAD · PAIN · reading- agg.
4. VISION · BLURRED
5. EAR- NOISES in- synchronous with pulse
6. MIND- DULLNESS-headache, with

IRIS VERSICOLOR

1. HEAD· PAIN· morning
2. HEAD· PAIN ·pulsating pain
3. HEAD· PAIN ·cough· during· agg.
4. VISION ·BLURRED
5. VISION ·BLURRED· headache· before

6. VISION ·BLURRED· headache· during
7. VISION· LOSS OF VISION· headache·

KALI BI CHROM

1. HEAD· PAIN· morning
2. HEAD· PAIN ·pulsating pain
3. HEAD· PAIN ·cough· during· agg.
4. VISION ·DIPLOPIA
5. VISION ·BLURRED· headache· before
6. VISION· LOSS OF VISION· headache· before
7. VISION· LOSS OF VISION· headache· beginning of; at
8. VISION· LOSS OF VISION· headache· during
9. GENERALS· SICK FEELING; vague

LAC DEFLOMATUM

1. HEAD· PAIN· morning
2. HEAD· PAIN ·pulsating pain
3. HEAD· PAIN ·cough· during· agg.
4. VISION ·BLURRED· headache· before
5. VISION· LOSS OF VISION· headache· before
6. VISION· LOSS OF VISION· headache· during

PSORINUM

1. HEAD· PAIN· morning
2. HEAD· PAIN· pulsating pain
3. HEAD· PAIN ·cough· during· agg.
4. VISION ·DIPLOPIA
5. VISION • BLURRED
6. VISION ·BLURRED· headache· before
7. VISION· LOSS OF VISION· headache· before

RUTA GRAVEOLENS

1. HEAD· PAIN· morning
2. HEAD· PAIN· pulsating pain
3. HEAD· PAIN ·reading· agg.
4. HEAD· PAIN ·cough· during· agg.
5. VISION ·BLURRED
6. VISION ·DIM· straining eyes
7. GENERALS· SICK FEELING; vague

STROPHANTHUS HISPIDUS

1. VISION- DIPLOPIA
2. VISION- DIPLOPIA- headache- during

TUBERCULINUM

1. HEAD • PAIN • reading • agg.
2. HEAD- PAIN- cough- during- agg.

3. VISION·DIPLOPIA· headache· during
4. VISION· DIPLOPIA· headache· before
5. VISION ·BLURRED· headache· before

Short repertory of Intracranial hypertension

EAR - NOISES in - synchronous with pulse am-m. ars-s-r. benz-ac. **Bufo** carl. chen-a. coff. coloc. glon. kali-br. lyc. merc-c. merc. **NUX-V.** op. **PULS.** pyrog. **RHUS-T.** sarr. **SEP.** sil. spong. sul-ac. urol-h.

EYE - SWELLING - Optic disks arn. ars. nat-s. perh.

EYE - SWELLING – Retina **Apis** bell. canth. **Kali-i.** phos.

GENERALS - SICK FEELING; vague acon-s. **ACON.** agar. agn. **Alum.** am-c. ambr. ang. ant-c. **Ant-t.** apis arg-met. arn. **Ars.** asaf. asar. **Bapt.** bar-c. bell. beryl. **Bism.** borx. bov. bry. bufo calc-f. calc. camph. cann-s. canth. carb-an. carb-v. carc. caust. cham. **Chel.** chin. cic. cemic. cina **Cocc.** coff. **Colch.** **Con.** croc. cupr. cystein-l. euphr. ferr. fl-ac. gels. graph. guaj. hell. hep. ign. influ. iod. ip. kali-bi. kali-n. kali-s. kreos. lach. lat-m. led. lob. loxo-lae. **Lyc.** m-aust. mag-c. mag-m. mand. mang. merc. **Mez.** **Mosch.** mur-ac. narc-ps. nat-c. nat-m. nit-ac. nux-m. **NUX-V.** olnd. op. petr. ph-ac. phos. plat. plb. **Podo.** psor. **PULS.** ran-b. **Rhod.** rhus-t. ruta sabad. sabin. sang. sec. sel. seneg. sep. sil. spig. **Spong.** stann. **Staph.** stict. stront-c. **Sulph.** tab. tarax. thuj. tritic-vg. valer. verat. zinc.

HEAD - PAIN - cough - during - agg. acon. aesc. aeth. allox. alum-p. alum-sil. alum. alumn. am-c. ambr. **Anac.** anag. ang. ant-t. apis **Arn.** ars-s-f. ars. asc-t. asim. aur-ar. aur-s. aur. bad. bamb-a. bar-c. bar-s. **BELL.** **BERB.** beryl. brom. **BRY.** cact. cadm-met. **Calc-s.** **Calc.** **CAPS.** **Carb-v.** card-m. caust. **Chel.** **Chin.** chinin-ar. chion. choc. cemic. cimx. **Cina** coc-c. **Coloc.** **CON.** cortico. **Cupr.** dios. erig. eup-per. ferr-ar. ferr-i. ferr-p. ferr. form. ham. hep. hydr. hyos. ign. **Ip.** irid-met. **Iris** **Kali-ar.** kali-bi. **Kali-c.** kali-n. kali-p. kali-s. kreos. lac-ac. **LAC-D.** **Lach.** led. limest-b. **Lob.** **Lyc.** mag-s. mang. med. **Merc.** mez. moni. mur-ac. naja **NAT-M.** nat-sil. **Nicc.** **Nit-ac.** **Nux-v.** oena. ol-an. ol-j. olib-sac. ozone **Petr.** **Ph-ac.** **PHOS.** phyt. pitu-gl. pneu. **PSOR.** ptel. **Puls.** rauw. rhus-t. rumx. ruta **Sabad.** samb. **Sang.** sars. seneg. **Sep.** sil. **Spig.** **Spong.** **SQUIL.** **Stann.** staph. stict. sul-ac. **SULPH.** tarent. tax. thuj. tril-p. tritic-vg. tub. verat. verb. zinc-p. zinc. ziz.

HEAD - PAIN – morning acon. aesc. **AGAR.** agath-a. aids. alet. all-s. alum-sil. **Alum.** alumn. am-c. am-m. ambr. **Anac.** ang. ant-t. arg-met. arg-n. arge-pl. arist-cl. **Arn.** ars-i. ars. arum-t. asaf. asar. aspar. aur-ar. aur-i. **Aur.** **Bar-c.** bar-m. **Bell.** benz-ac. berb. borx. **Bov.** bros-gau. **Bry.** **Cact.** **Cadm-met.** cadm-s. calc-f. calc-i. **Calc-p.** calc-s. calc-sil. **Calc.** camph. cann-s. canth. **Carb-an.** **Carb-v.** **Carbn-s.** carc. castor-eq. caust. cedr. cham. **Chel.** chin. chinin-ar. chinin-s. chlam-tr. chlorpr. cic. cemic. cina clem. cob-n. cob. coc-c. coca coff. colch. **Coloc.** **Con.** croc. crot-c. **Crot-t.** cund. cupr. cycl. dig. dios. dros. dulc. **Eup-per.** eup-pur. euphr. fago. falco-pe. ferr-ar. ferr-i. ferr-p. ferr. **Fl-ac.** form. gamb. gink-b. glon. **Graph.** grat. guaj. gymno. ham. hell. helo-s. **Hep.** hipp. hippoc-k. hir. hyper. **Ign.** ina-i. ind. indg. iod. ip. iris jatr-c. **Jug-c.** jug-r. kali-bi. **Kali-c.** kali-i. kali-m. **Kali-n.** kali-p. **Kali-s.** kali-sil. kalm. kola kreos. lac-c. lac-d. **Lach.** lachn. lact-v. lact. led. lil-t. lith-c. lyc. lyss. mag-c. mag-m. mag-s. manc. **Mang.** merc-i-f. merc-sul. merc. **Mez.** mim-p. morg-p. mur-ac. **Murx.** myric. naja nat-ar. nat-c. **Nat-m.** nat-ox. nat-p. nat-s. **Nicc.** **Nit-ac.** nux-m. **NUX-V.** oci-sa. ol-an. op. paeon. pall. pant-ac. petr-ra. **Petr.** **Ph-ac.** **Phos.** phys. phyt. pic-ac. pip-m. plan. plb. **Podo.** positr. prot. **Psor.** ptel. puls. pyrid. ran-b. ran-s. rheum **Rhod.** **Rhus-t.** rumx. ruta sabad. sacch-a. sal-fr. samb. sang. sars. scut. sel. **Seneg.** **Sep.** **Sil.** **Spig.** spong. **Squil.** **Stann.** **Staph.** stel. stram. stront-c. stry. suis-em. sul-ac. **Sulph.** suprar. symph. tab. **Tarent.** **Thuj.** til. tong. tritic-vg. urol-h. vanil. verat. zinc.

HEAD - PAIN - pulsating pain acon-ac. **Acon.** act-sp. adren. aeth. agath-a. aids. allox. alum-p. alum-sil. alum. **Am-c.** am-m. aml-ns. anac. ang. anh. ap-g. **Apis** arg-n. ars-s-f. **Ars.** **Asar.** aur-ar. aur-m. bamb-a. bell-p-sp. **BELL.** beryl. **Borx.** bov. bry. bufo buth-a. cact. **Calc-p.** **Calc-s.** calc-sil. **Calc.** camph. cann-i. canth. caps. carb-an. **CARB-V.** **CARBN-S.** carc. **Cardios-h.** carneg-g. caust. **Cham.** **Chel.** **CHIN.** chinin-ar. **CHININ-S.** chord-umb. cimid. cinch. clem. cob. cocc. colch. cortico. cortiso. croc. crot-h. cupr-s. cupr. cystein-l. cyt-l. dendr-pol. dream-p. dulc. eug. **Eup-per.** **Euphr.** falco-pe. **Ferr-ar.** **Ferr-i.** ferr-m. ferr-ma. ferr-p. **FERR.** fic-m. galeoc-c-h. **Gels.** germ-met. **GLON.** glyc. guar. guat. ham. **Hep.** hippoc-k. hist. hydr. hydrog. hyos. hyper. **Ign.** ind. indg. **Ip.** irid-met. iris jab. kali-ar. kali-bi. **Kali-c.** kali-i. kali-p. kali-s. kali-sil. kola lac-d. **Lach.** lat-m. laur. **Led.** lil-s. luna **LYC.** **Lyss.** mag-m. mag-p. manc. mang-p. mang. melal-alt. meli. merc-i-f. mez. **Morph.** nat-ar. nat-c. **NAT-M.** nat-p. nat-pyru. nat-s. nicc. nit-ac. nux-m. **Nux-v.** oci-sa. oncor-t. **Op.** paull. petr-ra. petr. ph-ac. **Phos.** pic-ac. pitu-gl. plat. positr. pot-e. propr. pseuts-m. **PSOR.** ptel. **PULS.** pyrog. rhod. **Rhus-t.** **Ruta Sang.** sanguis-s. sars. sec. **Sel.** **Sep.** **Sil.** sol-ni. spect. **Spig.** spirae. spong. staph. **Stram.** stroph-s. stry. suis-pan. **SULPH.** suprar. syc. symph. taosc. tarent. tell. thiam. thuj. tong. **Trios.** tritic-vg. upa. urol-h. vanil. verat-v. verat. visc. xan. xanth. zinc.

HEAD - PAIN - reading - agg. agath-a. agn. apis aran. arg-met. arn. asaf. aur. bell. borx. bov. bry. calc-f. calc-s. **Calc.** carb-v. carbn-s. caust. cham. chel. chinin-s. cimid. cina cinnb. clem. coca cocc. coff. crot-t. ery-a. ferr-i. glon. hell. helon. hydrog. ign. kali-p. kola lac-f. lac-h. lach. lyc. lyss. med. merc. mez. morph. **NAT-M.** nat-s. nux-v. olnd. op. par. ph-ac. **Phys.** pic-ac. **Plat.** polyp-p. ptel. ruta sabad. **Sep.** sil. sulph. **Tub.**

HEAD - PAIN - standing - amel. calc-sil. calc. camph. dulc. kali-s. ran-b. tarax.

MIND - DULLNESS - headache, with acon. agar. am-c. aran. ars. asar. asc-c. **Bapt.** bar-c. bell. berb. bov. bry. **Calc-p.** calc. carb-an. carb-v. carc. **Caust.** cham. chel. **CIMIC.** con. cupr. dulc. echi. ferr. fl-ac. gels. gink-b. glon. graph. hell. hyos. kola led. **Mag-p.** merc-i-r. merc. moni. mur-ac. nat-c. nat-m. nit-ac. nux-m. ozone pert-vc. petr. ph-ac. phos. puls. ruta sep. **SIL.** spig. squil. sulph. zinc.

VISION - BLURRED - headache – after podo. xan.

VISION - BLURRED - headache – before **Gels.** hyos. **IRIS** **Kali-bi.** lac-d. nat-m. podo. psor. **Sep.** **Sulph.** tub.

VISION - BLURRED - headache – during anac. bell-p-sp. carc. coll. conch. crot-h. ip. iris nat-p. ptel. ruta tritic-vg.

VISION – BLURRED acon-ac. acon. aeth. agath-a. all-c. am-br. am-m. arg-n. arge-pl. arn. **Ars.** atra-r. aur-ar. **Aur.** bamb-a. bell-p-sp. bell. benzol. bit-ar. both-ax. both. botul. bung-fa. cact. calc-f. calc-p. calc. caps. cardios-h. cartl-s. cassia-s. chel. chin. cic. **Con.** conch. corv-cor. **Crot-c.** crot-h. cycl. cypra-eg. cystein-l. dendr-pol. dros. dulc. elaps euphr. fago. falco-pe. flor-p. fuma-ac. **GELS.** **Glon.** haliae-lc. hipp. hippoc-k. irid-met. iris ix. jab. kali-n. kali-p. kali-s. ketogl-ac. kola **LAC-C.** lat-m. **Lil-t.** limen-b-c. luf-op. lyc. mag-p. malar. mang-p. med. melal-alt. meph. merl. mim-p. naja nat-ar. **NAT-M.** nat-ox. nat-s. nicotam. **Nux-v.** oncor-t. onos. oxyurn-sc. pant-ac. phos. **Phys.** **Plat.** podo. positr. **Psor.** pycnop-sa. rauw. **Rhus-t.** **Ruta** sec. sel. sil. sol-ecl. spong. stram. streptoc. symph. ter. **Teucr.** thal-xyz. thuj. tril-p. tritic-vg. urol-h. vanil. ven-m. xan.

VISION - DIM - cough agg.; during coff.

VISION - DIM - straining eyes agar. **Calc.** **RUTA**

VISION - DIPLOPIA - headache – before gels. tub.

VISION - DIPLOPIA - headache – during [Gels.](#) [stroph-h.](#) [tub.](#)

VISION – DIPLOPIA [aeth.](#) [Agar.](#) [alum.](#) [Alumn.](#) [am-c.](#) [anh.](#) [apis](#) [arag.](#) [Arg-n.](#) [arn.](#) [Ars.](#) [art-v.](#) [atro.](#) [aur-i.](#) [aur-s.](#) [AUR.](#) [bamb-a.](#) [bar-c.](#) [bar-i.](#) [Bell.](#) [botul.](#) [bry.](#) [calc-s.](#) [calc.](#) [cann-i.](#) [cann-s.](#) [carbn-s.](#) [Caust.](#) [cham.](#) [Chel.](#) [chlf.](#) [chlol.](#) [Cic.](#) [cimic.](#) [clem.](#) [cob-n.](#) [Con.](#) [crot-h.](#) [cupr.](#) [Cycl.](#) [Daph.](#) [Dig.](#) [eug.](#) [euph.](#) [GELS.](#) [ger.](#) [gins.](#) [Graph.](#) [HYOS.](#) [Iod.](#) [iodof.](#) [ix.](#) [kali-bi.](#) [kali-c.](#) [Kali-cy.](#) [kali-i.](#) [kali-m.](#) [Lach.](#) [led.](#) [Lyc.](#) [Lyss.](#) [m-aust.](#) [mag-p.](#) [med.](#) [Merc-c.](#) [merc.](#) [mez.](#) [Morph.](#) [NAT-M.](#) [Nicc.](#) [NIT-AC.](#) [nux-m.](#) [Nux-v.](#) [OInd.](#) [onos.](#) [op.](#) [oxyurn-sc.](#) [par.](#) [petr.](#) [phos.](#) [phys.](#) [phyt.](#) [plb-xyz.](#) [Plb.](#) [podo.](#) [pop-cand.](#) [psor.](#) [Puls.](#) [raph.](#) [rhus-t.](#) [sec.](#) [Seneg.](#) [sep.](#) [Spong.](#) [stann.](#) [Stram.](#) [stroph-h.](#) [sul-i.](#) [sulfon.](#) [Sulph.](#) [syph.](#) [tab.](#) [ter.](#) [ther.](#) [Thuj.](#) [ust.](#) [vanil.](#) [verat-v.](#) [Verat.](#) [zinc.](#)

VISION - LOSS OF VISION - headache – after [Arg-n.](#) [sil.](#)

VISION - LOSS OF VISION - headache – before [gels.](#) [Iris](#) [kali-bi.](#) [lac-d.](#) [nat-m.](#) [psor.](#)

VISION - LOSS OF VISION - headache - beginning of; at [kali-bi.](#) [nat-m.](#) [sars.](#)

VISION - LOSS OF VISION - headache – during [atro.](#) [bell-p-sp.](#) [Bell.](#) [Caust.](#) [Chen-a.](#) [cupr.](#) [Ferr-p.](#) [Gels.](#) [Kali-bi.](#) [Lac-d.](#) [lil-t.](#) [MELI.](#) [Nat-m.](#) [petr.](#) [Sep.](#) [Stram.](#) [vanil.](#) [Zinc.](#)

Bibliography



Acute Liver Disease > CEREBRAL EDEMA AND INTRACRANIAL HYPERTENSION Principles and Practice of Hospital Medicine, 2e... Intracranial hypertension and cerebral edema remain serious complications of ALF, often leading to fatal herniation. Intracranial hypertension develops in approximately 20% to 30% of patients with ALF. Cerebral edema occurs more often in patients with a short time interval (28 days or less...



Chapter 10. Headache and Other Craniofacial Pains > Headaches of Pseudotumor Cerebri (Benign or Idiopathic Intracranial Hypertension (see Chap. 30) Adams & Victor's Principles of Neurology, 10e



Chapter 15. Ocular Disorders Associated with Systemic Diseases > Idiopathic (Benign) Intracranial Hypertension (Pseudotumor Cerebri) Vaughan & Asbury's General Ophthalmology, 18e... Idiopathic intracranial hypertension is characterized by raised intracranial pressure with normal cerebrospinal fluid constituents and normal radiologic studies, particularly no evidence of cerebral venous sinus occlusion. The cause of the increased intracranial pressure is unknown, although...



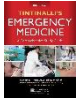
Chapter 20. Headache > Idiopathic Intracranial Hypertension (Pseudotumor Cerebri) CURRENT Diagnosis & Treatment Emergency Medicine, 7e



Emergencies & Injuries > Acute Intracranial Hypertension CURRENT Diagnosis & Treatment Pediatrics, 23e... immediate neurosurgical consultation. Further details about management of intracranial hypertension (cerebral edema) are presented in Chapter 14



Encyclopedia Homoeopathica



Eye Emergencies > PSEUDOTUMOR CEREBRI (IDIOPATHIC INTRACRANIAL HYPERTENSION) Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e ... Increased intracranial pressure, papilledema, normal cerebrospinal fluid, and normal CT/MRI characterize pseudotumor cerebri. This condition can occur at any age. Patients complain of nausea, vomiting, headaches, and blurring of vision. Patients can develop cranial nerve VI paresis, causing...



Head Injuries > Intracranial Hypertension CURRENT Diagnosis & Treatment: Emergency Medicine, 8e... of increased intracranial hypertension. It also has osmotic effects on the brain, but may have less rebound effect than mannitol and causes less hypovolemia. Most common adverse side effect is hyperchloremic metabolic acidosis. Again, its use should be in consultation with a neurosurgeon. In intubated patients...



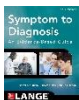
Head Injury > TREATMENT OF INTRACRANIAL HYPERTENSION Principles of Critical Care, 4e



Headache & Facial Pain > IDIOPATHIC INTRACRANIAL HYPERTENSION Clinical Neurology, 10e... Table 6-5. Disorders Associated With Intracranial Hypertension. Intracranial venous drainage obstruction (eg, venous sinus thrombosis, head trauma, polycythemia, thrombocytosis) Endocrine dysfunction (eg, obesity, withdrawal from steroid therapy, Addison disease...



Headache & Facial Pain > IDIOPATHIC INTRACRANIAL HYPERTENSION Clinical Neurology, 9e... Table 6-5. Disorders Associated With Intracranial Hypertension. Intracranial venous drainage obstruction (eg, venous sinus thrombosis, head trauma, polycythemia, thrombocytosis) Endocrine dysfunction (eg, obesity, withdrawal from steroid therapy, Addison disease...



Headache > Alternative Diagnosis: Idiopathic Intracranial Hypertension Symptom to Diagnosis: An Evidence-Based Guide, 3e



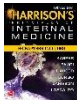
Headache > IDIOPATHIC INTRACRANIAL HYPERTENSION (PSEUDOTUMOR CEREBRI SYNDROME) Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e... Idiopathic intracranial hypertension, also known as pseudotumor cerebri, is most common in obese women. The incidence is 19.3 per 100,000 obese women between the ages of 20 and 44 years and has increased along with the obesity epidemic. The most prominent symptoms include headache (84...



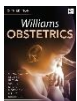
Nervous System Disorders > PSEUDOTUMOR CEREBRI (IDIOPATHIC INTRACRANIAL HYPERTENSION) Current Medical Diagnosis & Treatment 2018



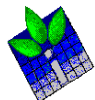
Neurologic & Muscular Disorders > PSEUDOTUMOR CEREBRI (IDIOPATHIC INTRACRANIAL HYPERTENSION) CURRENT Diagnosis & Treatment Pediatrics, 23e ... ESSENTIALS OF DIAGNOSIS Signs and symptoms of increased intracranial pressure: chronic headache, tinnitus, cranial nerve VI palsy, papilledema, visual loss. Normal MRI/MRV of the head. Elevated opening pressure on lumbar puncture performed in the lateral decubitus position. ...



Neurologic Critical Care, Including Hypoxic-Ischemic Encephalopathy, and Subarachnoid Hemorrhage > Cerebrospinal Fluid and Intracranial Pressure Harrison's Principles of Internal Medicine... FIGURE 330-2 Ischemia and vasodilatation. Reduced cerebral perfusion pressure (CPP) leads to increased ischemia, vasodilation, increased intracranial pressure (ICP), and further reductions in CPP, a cycle leading to further neurologic injury. CBV, cerebral blood volume; CMR, cerebral...



Neurological Disorders > Idiopathic Intracranial Hypertension Williams Obstetrics, 24e... Also known as pseudotumor cerebri or benign intracranial hypertension, this disorder is characterized by increased intracranial pressure without hydrocephalus. The cause is unknown, but it may be the result of either overproduction or underabsorption of cerebrospinal fluid. Symptoms include...



Radar 10



The Nervous System > Idiopathic intracranial hypertension DeGowin's Diagnostic Examination, 10e... are common. Prevention of visual loss requires prompt diagnosis and therapy. The headache is much like common migraine except that it is often daily. Pulse synchronous tinnitus is commonly present and identifies increased intracranial pressure. ...